

## ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE            |
|---------------------------|----------|--------|-----------------|
| FEES DETERMINATION        | M. P.    | 10     | 2-8-01          |
| O.I.P.E. CLASSIFIER       |          |        |                 |
| FORMALITY REVIEW          | H. S.    | 866    | 3/2<br>03.13.01 |
| RESPONSE FORMALITY REVIEW |          |        |                 |

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

| Claim    | Date   |
|----------|--------|
| Final    |        |
| Original |        |
| 1        | 3/2/01 |
| 2        | 3/2/01 |
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| Claim    | Date |
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| Claim    | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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1/14/01